

# SNAP and Nutrition: States Take Different Approaches Toward the Same Goal

By Amy Herod

In an effort to reduce the rising rate of obesity and diabetes among low-income families, New York City's Mayor Michael Bloomberg proposed a plan, in October 2010, putting restrictions on what can be purchased with Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps. Asking to waive SNAP rules, Bloomberg requested that soda and other sugary drinks should not be allowable purchases with SNAP benefits. After deliberating for ten months, the U. S. Department of Agriculture (USDA) rejected the request on the grounds that it was "too large and too complex," and added that it would be difficult to measure results.

While New York was the first state to propose a plan to tie SNAP usage directly to what the White House has called an epidemic, other states are also taking steps to address the problem. Massachusetts also launched a plan to battle obesity among low-income families, but that state is approaching the problem from a much different angle. Instead of prohibiting specific items for purchase, Massachusetts intends to reward people for buying nutritious foods, such as fruits and vegetables.

Thirty years ago, the idea of not being allowed to purchase sugary drinks with food

would have been considered comical. Even 20 years ago, obesity and related illnesses were not so widespread that states would consider such an intervention. So what has happened most recently to warrant all the commotion? According to the dietary guidelines for Americans, the prevalence of overweight and obesity has roughly doubled among children ages 2–11 since the 1970s and nearly tripled among adolescents ages 12–19. In 2001, U.S. Surgeon General David Satcher first issued a Call to Action to prevent and decrease the number of people who are overweight or obese. In 2003, then-Surgeon General Richard Carmona testified before the House Committee on Education and the Workforce to describe what he called "the obesity crisis in America." It has been almost a decade and the problem continues to grow.

There are many risk factors that, when working alongside each other, typically lead to a child becoming overweight. These include a family history of obesity, lack of physical exercise on a daily basis, and psychological factors where some children overeat to cope with emotions. In addition to these, there are physical barriers. According to the Centers for Disease Control and Prevention, childhood obesity contin-



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low-income and minority children. The lack of resources and knowledge among low-income families plays an integral role in this epidemic. It has somewhat of a snowball effect. If a mother does not know what it takes to be healthy, then she cannot teach her children nor provide them with the proper nutrition they need. They, in turn, grow up not knowing, and when they eventually have a family they cannot teach their children, and the cycle continues. With this trend becoming more and more evident in the past few years, some states have taken proactive steps in an attempt to reverse this cycle.

### Are Waivers an Option?

In October 2010, with the support of the state, Mayor Bloomberg sought federal permission to ban the purchase of soda and other sugared drinks with SNAP vouchers. In its effort to reduce growing obesity rates, this ban would have had a direct effect on the 1.7 million New Yorkers who receive SNAP benefits. The request was made to the USDA, the federal agency that finances and sets the rules for SNAP, and was part of a diligent anti-obesity movement by the mayor. Previously, Bloomberg was successful in enforcing stricter rules on the food sold in schools and barring restaurants from cooking with trans fats; however he was not as fortunate with the “no soda” proposal.

Under the mayor’s proposal, SNAP benefits could not be used to purchase sweetened beverages containing more than 10 calories per 8-ounce serving. This included sweetened punch, tea, sports drinks, and soda, which do not contain any nutritional value aside from sugar. The ban was proposed to last two years and included extensive research to study whether it would have a positive impact on health and whether or not a permanent ban



*Childhood obesity continues to be a leading public health concern that disproportionately affects low-income and minority children.*

should be merited. “We gave a strong, serious proposal because we were very serious about this,” said Director of Food Nutrition Policy for the state of New York, Tom Hedderman. “There was a huge research component to [the proposal] and if we found it was harmful, we would have stopped.”

The initiative, which had been in the works for more than a year and a half, had a goal of giving New York families more money to spend on fruits and vegetables—foods and drinks that contain real nutritional substance. New York City studies showed that nearly 40 percent of kindergarten to eighth-grade public school children were overweight or obese, and that obesity rates in poor neighborhoods were substantially higher. New York City statistics show consumption of sugared beverages in those neighborhoods is consistently higher, a trend that the city and state felt they could not ignore. The city cited that sugar-sweetened beverages play a significant role in the obesity epidemic; studies suggest that they are the largest single contributor to the nation’s increased calorie intake over the past three decades. People tend to consume them alongside the calories they get from food; however soda does not create the sensation of being full so people drink more than they would normally. According to the New York City Health Department’s 2009 community health survey, 37 percent of New York City’s poorest adults con-

sume one or more sugar-sweetened beverages every day.

However, in August 2011, federal officials rejected Bloomberg’s proposal. Reasoning that it was too large and complex, the USDA Food and Nutrition Service (FNS) said it would be difficult to measure results. Among the concerns about the proposal was the stigma that would be attached to the ban. Some officials are apprehensive that adding sugar-sweetened drinks to the list of items not eligible for purchase with SNAP benefits will stigmatize SNAP recipients by taking away their right, like any other consumer, to select the food and drink items they wish.

In addition, some argued that enforcing this ban would be difficult from an administrative perspective and it would be like opening Pandora’s Box. From the administrative standpoint, there would be a huge burden imposed with developing a list of non-acceptable foods, then who would make those politically touchy decisions and how would it all be enforced? Even though New York had answers to these difficult questions, it was not enough. Additionally, some have reason to believe that this ban would set a precedent for putting a ban on other items, such as chips or candy. FNS would potentially have to eventually re-draw the lines on what is considered nutritious.

So where does New York go from here? Stymied, the city has no further plans as of right now.

## Healthy Choices and Education

If prohibiting sugary drinks from purchase is not the answer people are looking for, then what is?

“More focus needs to be put on educating SNAP recipients on what is most nutritious,” said Kathie Wright, SNAP program manager for the Oklahoma Department of Human Services. Wright is also the chair of the APHSA Affiliate Presidents’ Council and president of the American Association of SNAP Directors and believes that “sugary drinks are not bad in moderation, but we need to educate [SNAP recipients] of this.”

Oklahoma is making strides in this area. In order to get the message out and educate communities with higher rates of SNAP recipients, the state offers classroom training. SNAP recipients are invited to attend classes that look at nutrition labels, healthy menu options, and even demonstrate how to prepare healthy meals. “We are proactive in nutrition education and take a hands-on approach,” Wright said.

Oklahoma, as in other states, is also successful in getting more and more farmers’ markets to accept SNAP Electronic Benefits Transfer cards, a milestone considering the variety of healthy fruits and vegetables to choose from at these locations.

## Incentives for Smart Shopping

Oklahoma and New York are not the only states that have felt passionately enough to take action in response to rising obesity rates. Last year, USDA announced the selection of Massachusetts to conduct the first Healthy Incentives Pilot (HIP), an

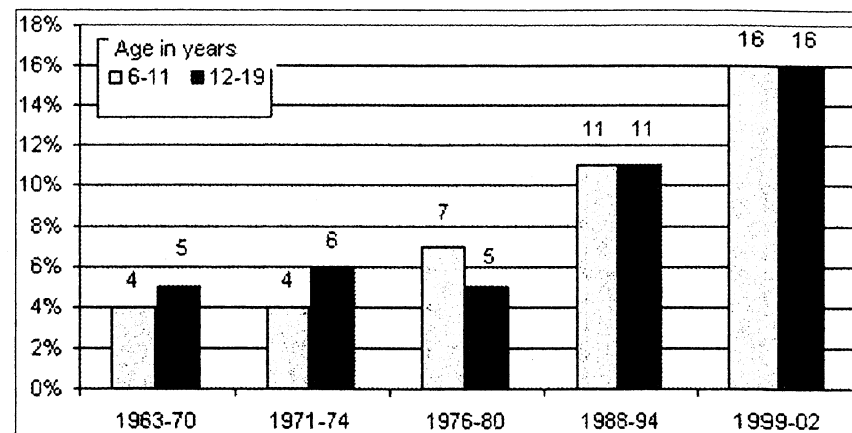


Figure 1. Prevalence of overweight among children and adolescents ages 6–19 years  
*Note:* Excludes pregnant women starting with 1971–74. Pregnancy status not available for 1963–65 and 1966–70. Data for 1963–65 are for children 6–11 years of age; data for 1966–70 are for adolescents 12–17 years of age, not 12–19 years.

*Source:* Centers for Disease Control and Prevention/National Center for Health Statistics/National Health and Examination Survey/National Health and Nutrition Examination Survey

incentives-based program with the goal of promoting healthier eating, specifically fruits and vegetables, among low-income residents participating in SNAP. According to USDA’s web site, Massachusetts was chosen in a competitive process based on a comprehensive pilot that included thorough and strong design, implementation, staffing and management plans. HIP launched in November in Hampden County, a combination of 27 urban, rural and suburban communities with a total of 50,000 SNAP households. Most of the SNAP recipients are located in the Springfield, Holyoke, and Chicopee areas.

“We are always looking to take advantage of opportunities to improve the program,” said Department of Transitional Assistance (DTA) Commissioner Julia Kehoe. “What we learn here will change the whole way SNAP is run across the country.”

The 2008 Farm Bill authorized \$20 million for USDA to investigate whether incentives to buy fresh produce will increase the purchase of healthy foods. The grant will be distributed over the course of three years to the DTA, Hampden County SNAP participants, and an independent contractor that will evaluate the efficacy of providing incentives to eat healthier. “[Hampden County] is a great county for this pilot. There is a lot of community support, and it is ethnically and racially diverse—which will help show

potential disparity, whether it is physical access to food or language barrier,” Kehoe said.

The operation phase of the pilot will last from November 2011 through January 2013. HIP will register 7,500 randomly selected SNAP households to receive incentives. For every dollar the participants spend on fruits and vegetables using their SNAP cards, an additional 30 cents will be put to their benefit balance, thus cutting the cost of fruits and vegetables by nearly one-third.

FNS will provide federal supervision of the pilot and evaluation. FNS currently oversees the administration of 15 nutrition assistance programs, with SNAP being the largest. SNAP helps put food on the table for more than 40 million Americans each month and serves 755,000 individuals in Massachusetts. SNAP ranks first in line of defense against hunger for a majority of those individuals.

A number of states are considering the value of the SNAP program to combat obesity. New York, Oklahoma, and Massachusetts have chosen various strategies as a way to promote healthy eating choices for its recipients. As each state moves forward, the boundaries of what is and what is not allowable will become more defined. Central to this controversy is the key question of what role SNAP should play: whether it can simply encourage healthy eating or enforce it. ■